

EXECUTIVE SUMMARY
Missouri Mental Health Commission Meeting
Department of Mental Health
1706 East Elm Street—Conference Rooms A/B
Jefferson City, MO 65101

June 12, 2008

PRESENT

Ron Dittmore, Chair
Beth Viviano, Secretary
Phillip McClendon
Patricia Bolster, M.D.
Kathy Carter
David Vlach, M.D.

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, Division Director, ADA
Felix Vincenz, CEO, CPS
Dr. Joe Parks, Division Director, CPS
Bernie Simons, Division Director, MRDD
Bob Bax, Director's Office
Brent McGinty, Administration
Jan Heckemeyer, DMH Administration
Pam Leyhe, Director's Office
Diane McFarland, Office of Transformation
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
Leigh Gibson, Consumer Safety
Rikki Wright, General Counsel
Dallas Jones, ITSD Director
Benton Goon, MIMH

GUESTS

Dottie Mullikin, Office of Transformation
Rhonda Haake, ITSD
Jacque Christmas, Director's Office
Vickie Epple, Transformation
Debbie McBaine, Division of ADA
Jodi Haupt, Division of ADA
Angie Stuckenschneider, Division of ADA
Laurie Epple, Division of ADA
Barbara Keehn, Division of ADA
Julia Kaufmann, Division of MRDD
Tec Chapman, Division of MRDD
Judy Finnegan, Office of Child MH
Jackie Coleman, Division of MRDD
Marty Martin, Fulton State Hospital
James Coleman, Fulton State Hospital
Susan Pritchard-Green, MO Planning Council for DD
Molly Boeckmann, OA Budget & Planning
Martha Davis, Senate Appropriations
Tim Swinfard, MO CMHC
Kathy Meath, St. Louis ARC
Greg Kramer, MARF, St. Louis
Erica Stephens, MO P & A
Judy Alexander-Weber, Emmaus Homes
Carol Baer, Emmaus Homes
Geta Jackoway, Webster University
Cathy Brown, MO Planning Council for DD

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<p>CALL TO ORDER/ INTRODUCTIONS</p> <p>APPROVAL OF MINUTES</p> <p>OPEN DISCUSSION</p>	<ul style="list-style-type: none"> • Ron Dittmore called the Missouri Mental Health Commission Meeting to order at 9:00 a.m. on June 12, 2008. The meeting was held at Department of Mental Health, Conference Room B, 1706 East Elm Street, Jefferson City, MO. Introductions were made. • Phillip McClendon made a motion to approve the Minutes of the May 15, 2008 Mental Health Commission Meeting. Kathy Carter seconded the motion and the Minutes were approved. • Ron Dittmore expressed appreciation for the DMH 2008 Spring Training Institute and the MO Coalition of Community Mental Health Centers' Annual Meeting that he attended and thanked those involved. • Kathy Carter shared that she, Ron Dittmore, and Phillip McClendon met with gubernatorial candidate Sarah Steelman on June 11, 2008. A meeting with candidate Jay Nixon is scheduled in July and they hope to schedule a meeting with Kenny Hulshof.
<p>REPORT FROM NOMINATION COMMITTEE</p>	<p>David Vlach reported that the Nomination Committee met and would like to nominate Phillip McClendon as Chair and Beth Viviano as Secretary for the upcoming year. A vote will be taken at the July 10, 2008 Commission Meeting.</p>
<p>IAN PROJECT— MRDD</p>	<p>Julia Kaufmann, Division of MRDD, provided an overview of the Interactive Autism Network (IAN) Project and introduced Janet Farmer, Ph.D., MU Thompson Center for Autism & Neurodevelopmental Disorders. Also joining via conference phone were Paul Law, M.D., and Rebecca Rosenberg, M.D., of the Kennedy Krieger Institute. Dr. Farmer presented a background and overview of the Statewide Autism Spectrum Disorders Symposium of 2002 and the report resulting from the Task Force called Missouri Autism Research and Response Agenda (MARRA):</p> <ul style="list-style-type: none"> • The MARRA Report provided a guide to improve public policy for needs of individuals with ASD and their families and the framework for collaborative partnerships among researchers, state agencies, families, stakeholders. • MARRA Recommendation – to establish a voluntary ASD registry to identify prevalence, service needs, outcomes. • The Missouri Autism Project Registry of 2005: provides a comprehensive information resource to direct state policies and service decisions; provides families and professionals with relevant autism information; and facilitates research to improve outcomes of Missouri children and adults with autism. • The Missouri Autism Project Registry website was created to provide information for families, physicians, teachers, etc. and for families to register to participate in research. This information would be highly protected. • The State Autism Spectrum Disorders Dashboard was developed in partnership with the national Interactive Autism Network Project (IAN) and the Kennedy Krieger Institute. Missouri served as a model to create a method for all states to have an Autism Registry through IAN. • The IAN-MO Initiative is in Beta testing and still at a point where stakeholders can offer advice.

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	<p>Dr. Paul Law provided an overview of the IAN Project and the website:</p> <ul style="list-style-type: none"> • Project Goals – provide cross sectional data; provide longitudinal data; engage community in research; inform policy and practice; improve recruitment process; support Autism Speaks Initiatives; promote researcher collaboration. • IAN Project is an online project that engages and benefits most of the Autism population, where families can register and participate in a research project and provide their data. The IAN community website is where families can go to read about research and participate in discussion forums. The IAN Exchange Project is where researchers are invited to participate in developing research projects. • The family registers on the IAN website by choosing a user name, password, and completing a consent form. • Launched in April 2007, IAN is now the largest research project in Autism and largest online registry in the world. • Second only to Maryland, Missouri is by far the leader in participation in registration on IAN. • Missouri has had collaboration in every aspect of the IAN Project which has helped in national strategies. <p>Dr. Rebecca Rosenberg presented a demo of the IAN Dashboard.</p> <ul style="list-style-type: none"> • Two IAN Dashboards were created – the QuickStats Dashboard introduces the user to Autism and to IAN-based data. • The Advanced Stats Dashboard allows users to choose from additional detailed statistics and produce reports. • The total number registered in MO is 844 currently. <p>The Commissioners and Keith Schafer expressed thanks for the IAN Project and for providing this presentation today.</p>
PUBLIC COMMENT	There were no public comments.
CLOSED EXECUTIVE SESSION	Kathy Carter made a motion that the Mental Health Commission go into Closed Executive Session in accordance with Section 610.021, RSMo. David Vlach seconded and a roll call was taken. The motion unanimously passed.
DIRECTOR'S REPORT	<ul style="list-style-type: none"> • The Fiscal Year 2010 Budget Letter was sent June 1 to interested parties. It included five components. Keith highlighted some areas: <ul style="list-style-type: none"> ○ <u>SFY 2009 Budget Recap</u> – FY 2009 budget was a positive growth year for mental health services for Missourians. ○ <u>SFY 2010 Economic and Political Scan</u> – FY 2008 annual revenue growth will be at 3.4%. Missouri's current economic condition may prove problematic in the coming year due to high gasoline and heating oil costs, deflated housing market, depressed consumer confidence, and problems in the banking industry, which may all result in a lower projected annual state revenue growth in FY 2009. ○ <u>Key Mental Health Budget Development Themes for Transformation for SFY 2010.</u> <ul style="list-style-type: none"> ▪ Missourians' lack of timely access to mental health services, both community based and state operated; ▪ DMH's inability to control admissions and discharges at its state psychiatric hospitals, resulting in overcensus; ▪ Critical direct care and clinical staff vacancy rates and limited training resources for DMH facilities and

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	<p>community providers, diminishing DMH's ability to assure a safe and care environment for DMH consumers;</p> <ul style="list-style-type: none"> ▪ The need for DMH to increase focus on prevention and disease management, including better risk prediction, early intervention and better integration of behavioral and medical healthcare. ○ <u>DMH SFY 2010 Budget Priorities</u> <ul style="list-style-type: none"> ▪ Included mandatory and infrastructure items. Two items considered infrastructure are COLA for state employees and the inflation rate for providers. Keith would like to consider adding as mandatory a medication request for providers' medication costs and transportation upgrade for providers for all three divisions. ▪ Priority decision items to support the themes overviewed in Themes for FY 2010. ▪ DMH Core Redirect – allows DMH to move forward with themes that strengthen local community mental health service systems. ○ <u>SFY 2010 Budget Development Timeline</u>: submitted to OA Budget and Planning by October 1, 2008. ○ Keith asked the Commissioners to consider three questions regarding the budget and be prepared to give specific reaction to them at the July Commission meeting. New Decision Items can be driven to some extent by the answer to these three questions: <ul style="list-style-type: none"> ▪ Should DMH limit the number of budget items it presents to the Governor and Legislature to allow greater concentration in a few key areas of growth and core redirection? Mandatory Items would not be part of that consideration. ▪ Given expected economic conditions, what limits should DMH put on its GR budget requests? ▪ What priority should DMH give to successful “sub-state pilot programs” such as ACT or Modified Medical Detoxification programs? These programs represent initiatives DMH supports; however, adequate funding has not been secured for statewide implementation. ○ Capital Improvements Priorities – Keith considers the highest priority in improvements in FY 2010-11 is Fulton State Hospital Conversion to improve treatment conditions. Other Capital Improvements are yet to be determined.
RESTRAINT AND SECLUSION DISCUSSION	<p>Felix Vincenz gave background on the program, “Focus on Safety: Building a Culture of Partnership and Recovery” at Fulton State Hospital and introduced Marty Martin, COO at Fulton, and Dr. James Coleman, Program Director at Hearnese Psychiatric Center at Fulton. Ms. Martin and Dr. Coleman presented an overview of this program:</p> <ul style="list-style-type: none"> • Funded by the Co-occurring State Incentive Grant (COSIG) that Missouri was awarded. • Treatment capacity of 496 beds at Fulton – for adults’ long term; Forensic clients committed for adjudication; Correctional inmates or jail detainees in need of acute hospitalization; and Adults with primary Substance abuse. • In 1991, Fulton was using 5,000 hours of seclusion and restraint. • In 1997, efforts were begun to make changes in seclusion/restraint (S/R). • When the COSIG grant was awarded, a Comprehensive Strategic Plan was developed to shape the S/R project goals. • Some successful strategies determined: more training in “hands off” interventions, establish prevention strategies,

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	<p>implement personal safety plans, improve post-event debriefing, enhance hiring process, person-centered, strength-based treatment plans, modifications to unit and program rules, staff/consumer recognition, availability of data.</p> <ul style="list-style-type: none"> • Enhancing Consumer Roles at Fulton through: consumer advocates, representation on committees at all levels, expansion of volunteer opportunities, reduction of barriers not necessary for safety, establish Procovery circles, Peer Specialist positions, RESPECT Institute and Respect Policy. • Data shows overall downward trends in seclusion/restraint at Fulton. • Future Strategies include Trauma Informed Care, Anti-Stigma, Managing Risks of Physical Interventions. <p>Dr. Vlach congratulated Marty Martin and James Coleman for undertaking this culture change at Fulton. Keith Schafer noted the Risk Prediction Modeling that Fulton has conducted in predicting who is most likely to be involved in restraint.</p>
<p>COMMITTEE REPORTS</p>	<p>Felix Vincenz reported on the Community Transitions Committee:</p> <ul style="list-style-type: none"> • Census rates in long term care facilities have been out of bounds for some time. This committee wanted to determine what actions would bring about change most effectively. One area they focused on is Incompetent to Stand Trial (IST) legislation, specifically, legislation that would manage and control how we deal with individuals committed for IST. Those consumers stay in those beds and bring with them a host of criminal behaviors not necessarily associated with their psychiatric illness. These are disproportionately accounting for many of the injuries done to staff and consumers. It was determined to pursue legislation that will require a more expeditious response back from the legal system that will enable them to be returned back to jail environments and have their hearings more quickly for the ultimate resolution of their criminal case. This committee will meet in the near future to discuss how to do that and how to get out to the various constituencies that they need to speak with, such as the Sheriffs Association and judges. They need Keith's and the Commission's approval for legislation. This committee will proceed. <p>Beth Viviano reported on the Children and Adolescent Committee:</p> <ul style="list-style-type: none"> • They continue to work on the Trauma Initiative proposal. Judy Finnegan is working on putting together some numbers for a potential budget item. Trauma Informed Care is an emerging issue. • Beth, John and Judy toured the "Change Academy" at Lake Ozark that is a residential facility specializing in treating severely traumatized children. They claim 75 percent success rate. The cost for treatment is considered expensive, however, comparisons were made to overall costs of long-term care for children in the mental health system. Phillip McClendon recommended staff from the Change Academy be invited to present their programs at a future meeting. Beth will obtain contact information and arrangements will be made.
<p>DIVISION/SECTION UPDATES</p>	<p>Mark Stringer reported on the Division of Alcohol and Drug Abuse:</p> <ul style="list-style-type: none"> • They continue to work with Department of Corrections and the Office of State Courts Administrator on introducing the new product called, "Vivitrol" for use with high-risk alcohol dependent offenders coming out of 120-day

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	<p>correctional programs and going into communities. They are working on a way to 1) make a more immediate handoff between the facilities and treatment programs; and 2) to aggressively screen for medication assisted treatment. This would include physician evaluation for appropriateness for either Naltrexone therapy or for Vivitrol that is in shot form. Vivitrol would be effective for 30 days and would significantly reduce cravings and euphoria associated with drinking. DOC and OSCA are both on board with this. Mark will report to Commission when data is collected.</p> <ul style="list-style-type: none"> • Fees for the out of pocket expense for DWI offenders who come to the Substance Abuse Traffic Offender Program (SATOP) are being raised from \$245 to \$271, due to increased expenses for SATOP providers and for the program to be self-supportive. • They will be working on legislation to amend the Uniform Provision Policy Law (UPPL) in Missouri that states if someone is admitted to a hospital for emergency services, and the injury was alcohol or drug related, an insurance company can deny payment for services. This law has been repealed in several other states but remains in Missouri. It will interfere with the Screening and Brief Intervention (SBIRT) project that will begin soon. Mark will provide more information to the Commission. <p>Dr. Joe Parks reported on the Division of Comprehensive Psychiatric Services</p> <ul style="list-style-type: none"> • As a follow-up on Vivitrol, the Department is getting support from MO HealthNet in authorizing it for use in the CSTAR programs. • Dr. Parks asked for time on the agenda at the September Commission meeting for the Division of CPS and the Coalition of CMHCs to give updates on efforts to integrate primary care and mental health care through the DMH Net, which is a combination of the Health Technologies Initiative and the FQHC/CMHC Integration Initiative. <p>Bernie Simons reported on the Division of Mental Retardation and Developmental Disabilities</p> <ul style="list-style-type: none"> • He provided a handout on Baseline Data of Service Coordination and MRDD school age clients with an Individual Education Program (IEP). A review was conducted to obtain information on the number of Service Coordinators that have been asked by the consumer/family to attend the IEP meetings and the total number of IEPs attended during the past 12 months, with the following results: <ul style="list-style-type: none"> ○ Of the 6,925 school age children and youth receiving MRDD services, nearly 83 percent of the service coordinators have been asked by the family or consumer to attend an IEP meeting during the last year, resulting in attendance at 2,065 IEP meetings. ○ The percentage of service coordinators attending the IEP meeting varied by regional office with a range from 19 to 61 percent, with caseload size having a correlation to percentage of IEP meetings attended. ○ Service Coordinators did not attend because they either were not requested by family to attend; or they were not available due to schedule conflicts and/or time constraints due to caseloads. ○ Intervention Strategies for providing technical assistance to families: <ul style="list-style-type: none"> ▪ Provide training to Service Coordinators on the Individuals with Disabilities Education Act (IDEA) roles and

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	<p>responsibilities in supporting parents and youth with disabilities in educational pursuits, specifically regarding the IEP process.</p> <ul style="list-style-type: none"> ▪ Provide information to families and youth with developmental disabilities regarding the support Service Coordinators can provide them in their educational pursuits. ▪ Enhance our partnerships with Department of Elementary and Secondary Education (DESE) and local school districts for families to gain access to school based mental health services, creating a seamless service delivery. ○ Ongoing evaluation is planned for six months after providing training to Service Coordinators, including specific questions on technical assistance provided to families/youth with developmental disabilities related to IDEA. <p>Diane McFarland reported on the Office of Transformation:</p> <ul style="list-style-type: none"> • The federal site visit for Transformation was conducted in May. She expects a SAMHSA publication to be forthcoming that will highlight Missouri Transformation. • Diane has met with those involved in the transition of the Mental Health Foundation and has received from Joann Leykam some recommendations for next steps in that process. The first step is to draft an agreement with the Missouri Special Needs Trust regarding going forward with the transition process. A draft of the functions of the Board of Directors would then be developed. • They have been involved in the roll-out of the Missouri Show-Me Series and the RESPECT Seminars. They will target Transitional Youth for the RESPECT training in August. The Regional Health Commission in the St. Louis area is looking at instituting a regional policy on RESPECT and public education. • There is a Mental Health First Aid invitation only 12-hour training on July 1-2 in Missouri to get feedback on the Americanized manual for adults. A Missouri train-the-trainer will be conducted in August with 24 slots. <p>Keith Schafer reported on the Office of Child Mental Health:</p> <ul style="list-style-type: none"> • Information on activities and changes in the Office of Child Mental Health will be reported at the next meeting.
FUTURE MEETINGS	The next Mental Health Commission Meeting is scheduled for July 9 and 10, 2008 at Innsbrook Resort and Conference Center, Innsbrook, Missouri.
ADJOURN	<p>The Mental Health Commission adjourned at 3:00 p.m.</p> <hr/> <p>Ron Dittmore, Chair</p>